

**Effective January 1, 2003**

10-619-677

(Column 1)..

(Column 8)

TOTAL CLAIMS		27	
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGE	22 CLAIMS	22	minus 20 = 2
INDEPENDENT	3	3	minus 3 = 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

\* If the difference in column 1 is less than zero, enter 'L' in column 2

**AS AMENDED - PART II**

rm.s :)

{Column 2}

(Column 3)

AMENDMENT A		CLAIMS THAT ARE NOT ALLEGED	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	6	NUMS	27	/
Independent	1	NUMS	3	/
FIRST PRF	DEPENDENT CLAIM			

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	\$75.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	126
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	876

**BEST AVAILABLE COPY**

Q51

120.00

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$ 18=	
X42=		X84=	
+140=		+280=	
TOTAL ADD. FEE		TOTAL ADD. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X39=		OR	X518=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

AMENDMENT B	LAST	NAME	COGNATE	COUNTY
	FIRST	NAME	NUMBER	PRESIDENT
	MIDDLE	NAME	PREVIOUSLY	EXTRA
	SUFFIX	NAME	PAID FC	
Total	6	JS	27	-
Indepen.	1	S	3	-
FIRST P.	ML	DEPENDENT CLAIM		

11-21-95

	TOTAL	5	HIGHER THAN PREVIOUS PAY FOR	PAYMENT EXTRA
	INDEPENDENT	1		
FIRST P.			AS 27 *** 3	= 0 = 0
			PERCENTAGE IN	

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Tn 2, with . . . in column 3.  
 3 SFACE . . . 1...3 than 20, enter "20."  
 5 SP:1" . . . . . then 3, enter "3."

Indicate the highest number found in the appropriate box in column 1.